

9/C
PD
174-03

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002, OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/473,662 ✓	
	Filing Date	12/29/99 ✓	
	First Named Inventor	William Risen	
	Group Art Unit	3625	
	Examiner Name	Rosen, N.	
Total Number of Pages in This Submission		16	
		Attorney Docket Number	Risen - 01 - C1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>No fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <div style="text-align: center; font-size: 2em; font-weight: bold;">OFFICIAL</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Diane F. Covello Reg. # 34,164
Signature	<i>Diane F. Covello</i>
Date	Jan. 9, 2003

FAX RECEIVED

JAN 09 2003

GROUP 3600

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Assistant Commissioner for Patents, Washington, DC 20231, at Fax # 703-305-1637 on this date: January 9, 2003	
Typed or printed name	Diane F. Covello
Signature	<i>Diane F. Covello</i>
Date	1-9-03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Best Available Copy

FAX

Date 1/9/03

Number of pages including cover sheet 17

TO: Assistant Commissioner
for Patents
Washington, DC
RE: U.S. Application No.
09/473,662 filed 12/29/99

FROM: Diane Covello 

Phone
Fax Phone 703-305-7687

Phone 860-233-0872
Fax 860-233-0872

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

See attached Amendment.

Best Available Copy

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection

Assistant Commissioner for Patents
Washington, DC 20231

BOX Non-Fee Amendment

Sir:

AMENDMENT

In response to the Office Action dated October 9, 2002, please amend the above-referenced application as follows:

IN THE SPECIFICATION:

Please revise page 15, line 22 by changing "this" to --the '620--. A replacement page 15 is attached. A marked up version of original page 15 is included in Appendix 1.

IN THE CLAIMS:

Please amend claims 1 and 22 by substituting the attached sheets of pending claims for the prior pending claims. A marked up version of the claims is included in Appendix 1.

Best Available Copy